Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

. J.

Effective October 1, 2000

| OLAIMO AC EU ED. DADE I   |  |   |                  |                               |                      |                  |          |                   |                        |                            |                |                        |
|---|--|---|------------------|-------------------------------|----------------------|------------------|----------|-------------------|------------------------|----------------------------|----------------|------------------------|
| CLAIMS AS FILED - PART (Column 1)   |  |   |                  |                               | l<br>(Colui          | mn 2)            |          | SMALL ENTITY TYPE |                        | OTHER THAN OR SMALL ENTITY |                |                        |
| TOTAL CLAIMS  |  |   |                  |                               |                      |                  |          | RATE              | FEE                    | ]                          | RATE           | FEE                    |
| FOR   |  |   | NUMBER FILED     |                               | NUMBER EXTRA         |                  | 8/       | ASIC FEE          | 355.00                 | OR                         | BASIC FEE      | 710.00                 |
| то  | TAL CHARGEA                                    | BLE CLAIMS                                | 9 minus 20=      |                               | *                    |                  |          | X\$ 9=            |                        | OR                         | X\$18=         |                        |
| INDEPENDENT CLAIMS  |  |   | minus 3 =        |                               | *                    |                  |          | X40=              |                        | OR                         | X80=           | Y                      |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT           |                               |                      |                  | <u> </u> | +135=             | · · · · · · · ·        | OR                         | +270=          |                        |
| * If the difference in column 1 is less than zero, enter  |  |   |                  |                               | r "0" in c           | olumn 2          | L        | TOTAL             | 355                    | OR                         | TOTAL          | 710-                   |
| CLAIMS AS AMENDED - PART II   |  |   |                  |                               |                      |                  | ,        |                   | ر بر                   |                            | OTHER          | 1.1                    |
|   |  | (Column 1)                                |                  | (Colui                        | mn 2)                | (Column 3)       | S        | SMALL ENTITY      |                        | OR                         | SMALL E        |                        |
| ENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY         | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE | ·                          | RATE           | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | *   | Minus            | **                            |                      | =                |          | X\$ 9=            |                        | OR                         | X\$18=         |                        |
| <b>AME</b>  | Independent                                    | *   | Minus            | ***                           | ·                    | =                |          | X40=              |                        | OR                         | X80=           |                        |
| Ľ   | FIRST PRESE                                    | NTATION OF MU                             | JLTIPLE DEP      | ENDEN                         | CLAIM                |                  |          | +135=             | :                      | OR                         | +270=          |                        |
|   |  | •   |                  |                               |                      |                  | L        | TOTAL             |                        |                            | TOTAL          |                        |
| Ì   | • •  | (Column 1)                                |                  | (Colu                         | mn 2\                | (Column 3)       | AD       | DIT. FEE          | <u> </u>               | 1 ~ ' '                    | ADDIT. FEE     |                        |
| AMENDMENT B   | - 1  | CLAIMS REMAINING AFTER AMENDMENT          |                  | HIGH<br>NUM<br>PREVI          | IEST<br>IBER         | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE           | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus            | **                            |                      | =                |          | X\$ 9=            |                        | OR                         | X\$18=         |                        |
| \ME!  | Independent                                    | *   | Minus            | ***                           |                      | =                |          | X40=              |                        | OR                         | X80=           | -                      |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                  |                               |                      |                  |          | +135=             |                        |                            | +270=          |                        |
|   |  |   |                  |                               |                      |                  | Ľ        | TOTAL             |                        | OR                         | TOTAL          |                        |
|   |  |   |                  |                               |                      |                  | AD       | DIT. FEE          |                        | OR                         | ADDIT. FEE     |                        |
|   |  | (Column 1)<br>CLAIMS                      |                  | (Colu                         |                      | (Column 3)       | <b>,</b> |                   |                        |                            | <del>r</del> , |                        |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                  | NUM<br>PREVI                  | IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |                            | RATE           | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus            | **                            |                      | =                |          | X\$ 9=            | -                      | ,<br>OR                    | X\$18=         |                        |
|   | Independent                                    | *   | Minus            | ***                           | T 01                 | =                |          | X40=              |                        | OR                         | X80=           |                        |
|   | FIRST PRESE                                    |   | <u> </u>         | <br>⊦135=                     | <u> </u>             |                  | +270=    |                   |                        |                            |                |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                  |                               |                      |                  |          | TOTAL             |                        | OR                         | TOTAL          |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                  |                               |                      |                  |          |                   |                        | <u> </u>                   |                |                        |
| l   | ine mignest Nun                                | iber Previously Pa                        | iiu For (Total o | independ                      | ienių is ine         | ıngnesi number   | iouria   | i iii iiie app    | лорнате во             | A II F CO                  | nullii I.      |                        |

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09.685780

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## Total Fee Calculation

Number

|                         | Fee Cade         | # Claims    | Ettra   | X_ | Fee         | Fec =      | Total |          |
|-------------------------|------------------|-------------|---------|----|-------------|------------|-------|----------|
|                         | Sm./Lg.          |             |         |    | Sin, Entity | Lg. Entity |       | _        |
| Basic Filing Fee        | 201/101          | _           |         |    |             | 710.       | 710.  |          |
| Total Claims >20        | 203/103          | 9 -20       | •       | х  |             |            |       |          |
| Independent Claims >3   | 202/102          |             | •       | X  |             |            |       |          |
| Mult. Dep Claim Present | 204/104          |             |         |    |             |            |       | _        |
| Surcharge               | 205/105          | •           |         |    |             | 130.       | 130.  |          |
| English Translation     | 139              |             |         |    |             |            |       |          |
| TOTAL FEE CALCUL.       | ATION            |             |         |    |             |            | 840,  |          |
| Fees due upon filing t  | the application: |             |         |    |             |            |       | <b>)</b> |
| Total Filing Fees Due   | = 5              | 840         | )       |    |             |            |       | ·        |
| Less Filing Fees Subr   | mined - S        |             |         |    |             |            |       |          |
| BALANCE DUE             | = S              | 84          | 0.      |    |             |            | ;     | •-       |
| Office of Initial Parks |                  | <del></del> |         |    |             |            |       | 1        |
| FORM OIPE-RAM-01 (R     |                  | 1-          | igure 7 |    |             |            |       | 1        |